

THE MEDICAL AND SURGICAL REPORTER.

No. 717.] PHILADELPHIA, NOVEMBER 26, 1870. [Vol. XXIII.—No 22.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

IPECACUANHA IN LARGE DOSES IN ACUTE DYSENTERY.

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If the attention of the medical fraternity was more particularly directed to the great superiority over all other remedies of ipecacuanha in large doses, in the treatment of acute dysentery, it might be the means of causing a more general adoption of this mode of treatment, thereby saving much suffering by bringing to a speedy and successful termination this painful and dangerous disease.

From the manner in which this method of treatment is referred to by the larger number of our standard authorities, as well as from the mode of treatment pursued by a large number of physicians with whom I have daily intercourse, I am satisfied that ipecacuanha in large doses does *not* receive the consideration which its virtues demand.

Its curative power, when given in doses of from thirty to eighty grains, is certain and complete; and its therapeutic action so strongly marked as to entitle it to be considered as much of a specific in acute dysentery as is quinine in intermittent fever.

In adults or children in the sthenic or asthenic, in the earlier or the later stages, in the mildest, as well as in the severest cases, it is equally applicable; and the change in the condition of the patient, after the first or second dose, from the severe cutting pains, violent tenesmus, and constant discharges, to the entire relief from tormina and tenesmus, and a return to healthy evacuation, is indeed wonderful. A few cases will not be out of place:

CASE I.—Mr. J. R., æt. 40; a tall, well form-

ed, robust man; called to see him June 26th, 1870, at 4 o'clock, P. M.; has had twelve discharges since noon, principally blood and mucus; pulse 98; tongue coated; much pain and tenesmus; well marked dysenteric case. Ordered six drachms of castor oil, with five drops of laudanum.

June 27th. Frequent discharges during the night; fetulent, blood and mucus; ordered one and a half grains of opium, to be followed in an hour by a draught containing forty grains of powdered ipecacuanha, to be repeated in seven hours, the region over the stomach to be painted with tincture of iodine three-fourths the official strength.

June 28th. Had three discharges the last twenty-four hours, only one slightly tinged with blood; no pain or tenesmus since taking first dose of ipecacuanha. Ordered same quantity of opium, to be followed in one hour by fifty grains of ipecacuanha, tincture of iodine applied as before.

June 29th. Patient met me down stairs; feels well; has had no discharge in the last twenty-four hours. Ordered one ounce of peppermint water, one drachm of camphorated tincture of opium, one drachm of compound spirits of lavender, one half to be taken immediately, the other half in the evening.

June 30th. Has had one perfectly healthy discharge. The bowels have recovered their normal condition; patient is well; no diarrhoea followed, or relapse.

CASE II.—Mr. McC., æt. twenty-five; very severe case; pulse, 112; tongue much furred; tormina and tenesmus excessively severe; bladder sympathetically affected; frequent micturition; over twenty dysenteric discharges the last hour. Ordered forty drops of laudanum, to be followed in half an hour by sixty

grains of ipecacuanha in some sweetened water, and a sinapism applied over the stomach.

July 10th. Patient better; pulse, 94. No more tormina or tenesmus after taking first dose of ipecacuanha. Had three evacuations; semi-fluid, feculent, no blood or mucus. Ordered one more dose, same as before.

July 11th, 8 o'clock P. M. Patient has called at my office. Upon remonstrating with him he replies: "I feel well; have had only one passage since, and that was natural; didn't think a little walk would hurt me." No diarrhœa or relapse.

CASE III.—Mrs. R., æt. fifty-four; bad constitution; system prostrated from various causes; the last of which was an attack of typhoid fever, from which she has just recovered. Called to see her Sept. 6th, 1870, at 2 P. M. Pulse, 118; tongue very much coated; usual dysenteric symptoms, much aggravated; has vomiting. Upon inquiry as to the frequency of the discharges she replies: "Up and down all the time; have not a moment's rest;" little mucus; much blood; nervous complications. Ordered forty drops of laudanum to be followed in half an hour by fifty grains of ipecacuanha in some sweetened water; dose to be repeated in the morning; with the understanding that I would visit her in the afternoon.

Sept. 7th. Has had no discharge since taking first dose of ipecacuanha; no pain or tenesmus. Two hours after taking last dose, a rather severe attack of vomiting set in. Ordered two ounces of camphor-water; two drachms of camphorated tincture of opium; two drachms of compound spirits of lavender; one tablespoonful every three hours.

Sept. 8th. Vomiting is stopped. Discharges natural; patient convalescent, though weak. Ordered a mild tonic. No diarrhœa or relapse.

The above are only a few out of quite a number of cases, treated by ipecacuanha, in large doses, within the last four months; the disease in every case yielding as "gracefully" as in those reported. Tincture of iodine, or sinapisms, were applied in about one-half of the cases, without, however, any marked lessening of the disposition to nausea or vomiting. In a few cases there was neither nausea nor vomiting; in several only nausea; but in none of the cases did vomiting intervene, until the remedial power of the ipecacuanha had so effectually "wiped out" the disease, that in

no one instance did diarrhœa complicate the convalescence; nor was any case followed by a relapse

PARALYSIS OF SIDE OF FACE— TREATED BY OPERATION.

By J. E. GARRETSON, M. D.,
Of Philadelphia.

The following case is recorded simply as an experience which may be useful as a reference:

The lady represented by the accompanying photograph applied two years back for relief from the deformity exhibited, the irregularity of features being dependent on injury done the facial nerve in an inflammation and necrosis of the temporal bone from accident met with in childhood; paralysis was complete; not the slightest power existed in the muscles of the affected side.



The desire of the patient was for a symmetrical mouth and face; the question was, the accomplishment of such an end.

TREATMENT.—A case of this kind treated by any of the various means of nerve stimulation is, of course, a consideration not involved. What is done can only be from the mechanical stand-point. The indications being three-fold:

1st. To reduce the flabby redundancy of the paralyzed cheek.

2d. To give comeliness and regularity to the mouth.

3d. To antagonize the muscular action (when in play) of the vital side.

In this case these indications were attempted to be met by means as follows: A study was made of the cheek, and what was deemed to be the redundant tissue was included in an ellipse drawn with a lead-pencil, the apices being, the one, at the middle of the nose, the other, at the angle of the lower jaw. Such direction of the ellipse being with a purpose of raising the angle of the mouth. Satisfied that such removal would be found rightly placed to meet the two first indications, the part was cut out. In the operation the facial artery was the only vessel needing a ligature, and even this, indeed, ejected no more blood than does an ordinary coronary.

To bring the parts together, three hare-lip pins were used, and agreeably to my surprise, so direct and immediate was the union that it was found permissible to dispense with two of them on the following day; the third, the middle one, was left in until the fourth day; but this, not seemingly from any necessity. The ligature, a strand of ordinary silk, remained firm for three weeks, and was finally taken away only by the use of a traction quite as great, I should think, as would have sufficed for its removal the moment after it was placed about the vessel.

The result of this procedure exhibits itself in this second picture. With the features in a state of rest, nothing more, it would seem, could be desired.



The third indication, however, showed itself a most important one. Emotion of any kind altered this mechanical harmony of the parts

and exhibited the non-vitality of the side operated upon; that is to say, that in laughter, for example, the superior and lateral levators would pull up the well angle, with no corresponding action on the diseased side. This was, of course, a matter which had been originally considered. The indication was met with remarkable success, as follows: A piece of rubber tubing four inches long possessed of an elastic power, adapted to the requirements of the case, was attached by one of its ends to a hair-pin (the ordinary pin used by ladies in dressing the hair). To its other end was united a piece of strong but delicate gill-net string, and this, in turn, was connected with a small strip of flesh-colored court-plaster.

The application of this piece of mechanism—an artificial muscle, let us call it—was made as follows: The plaster was softened and applied to the dead side of the face, as far back upon the cheek as would answer the purpose. When fixed, the lady, standing before her glass, would excite the displacing muscles into play, and antagonize them by drawing slightly backward the dead side with the artificial muscle, and fix it in such required tension by the pin fixed into one of the coils of her hair, the rubber lying entirely concealed by such coil. When applied, only the plaster could be seen, the string being hid by the hair.

This rubber muscle answered its purpose admirably. The fear that the plaster would irritate, and, perhaps, ulcerate the skin seems to have been without foundation. At any rate this held good for six months of use, which was as long as I was able to have oversight of the case, the lady living in a distant city. Should, however, this accident have supervened, it was evident, after a very few days of experience, that a fashion or habit might soon be attained of accomplishing the same object by the use of the fingers applied in such common manner as not to elicit attention.

The result of this operation, the only one of the kind I have performed, has given results which I think will warrant its repetition.

CASE OF SYPHILITIC HEMIPLEGIA.

By A. I. LAWBAUGH, M. D.,

Of the Long Island College Hospital.

HISTORY.

C. T., *æt.* 38 years; sailor by occupation, for the period of twenty years, during which time he was exposed to all the vices, vicissitudes,

and hardships of that pursuit. Still he enjoyed reasonably good health the greater part of the time, with the exception of occasional attacks of remittent fever, peculiar to tropical climates.

About six years ago he had a syphilitic sore, followed by the usual secondary symptoms. During the winter of '69 and '70, while in the city of London, England, he was seized with a weakness and dragging in his left leg, which soon increased until the paralysis was complete.

He entered the London hospital, and was under treatment there for some time, with no improvement, but a gradual decline; and was finally told by the surgeons in charge that his case was hopeless; that they could do nothing more for him.

The American consul then sent him home to New York; from whence he came directly to the Long Island College Hospital.

CONDITION ON ENTERING THE HOSPITAL.

The entire left side paralyzed; patient helpless, requiring assistance in cutting his food, going to stool, &c. His general condition poor; very much emaciated; very little appetite; and bowels irregular.

He gave no previous history of either clot, tumor, or softening of the cerebral substance, nor of any spinal irritation; the history being one of previous syphilitic disease.

The conclusion was at once drawn that the hemiplegia was one of its many manifestations.

TREATMENT.

He was first put upon a mercurial course—Hydrarg. sub-mur., gr. one-tenth every hour during the day. Was ordered, at the same time, good nourishing diet, with the direction that he be made as comfortable as circumstances would admit.

PROGRESS OF THE CASE.

The mercurial course was continued, without any interruption or addition, for the period of one month, at the end of which time there was no manifest mercurial action; but his general condition was better. He was now put upon the following:

R. Potassii iodidi, $\overline{\text{ss}}$.
Tinct. phytolacæ dec., $\overline{\text{ss}}$.
Aquæ, $\overline{\text{ss}}$. M.

Sig.—Tablespoonful three times daily after meals.

While under the mercurial course, the paralysis gradually improved, so that he was able to move about the wards of the hospital to

some extent without assistance. He could, by some effort, flex the thigh upon the abdomen; but the leg was still quite weak and numb, and the power of moving the foot in any direction very slight.

In his attempts at walking he would throw the weight of the body upon the healthy leg, tilt the pelvis, and then, by a swinging motion, carry the paralyzed limb forward. In the arm the extensors had in part regained their power, so that the various portions were in not so great a degree of flexion as at first. The muscles about the eye were in complete restoration of power.

He continued the before mentioned prescription for nearly three weeks. The improvement did not appear to be so manifest as at first. But treatment continued with slight alterations:

R. Potassii iodidi, $\overline{\text{ss}}$.
Tinct. iodini, $\overline{\text{ss}}$.
Tinct. phytolacæ dec. $\overline{\text{ss}}$.
Aquæ, $\overline{\text{ss}}$. M.

Sig.—Tablespoonful three times daily.

Under this treatment his general health continued to improve; but the paralysis does not improve in a corresponding degree. The latter prescription at the end of three weeks discontinued. The patient's general condition being now greatly improved, strychnia was administered with the hope of relieving, if not permanently curing, the remaining paralysis.

The following was now ordered:

R. Acid nit. dil., $\overline{\text{ss}}$.
Strychniæ, gr. j.
Aquæ, $\overline{\text{ss}}$. M.

Sig.—Teaspoonful three times daily.

This was continued for the period of two weeks, during which time there was no marked change for the better. At the commencement of the third week, however, improvement of the paralysis was evident; most manifest in the arm; patient now able to flex and extend at will to some extent both fingers and arm.

The paralysis of the muscles of the thigh improved, but that of the leg only slightly, and the foot none at all.

During the administration of the strychnia, its specific action, otherwise than in the improvement of the paralyzed limbs, was not very manifest. It was now ordered to be administered hypodermically.

Accordingly, 1-30 gr. of strychnia was injected into the loose cellular tissue beneath the thin integument of the anterior surface of

the forearm of the affected side. The injections were repeated every other day, the patient receiving, in all, some fifteen injections, making the whole amount of strychnia injected, $\frac{1}{4}$ gr. The improvement, at the end of that time, and indeed during the time of its administration, was very manifest.

The patient several times expressed the opinion that "he felt himself growing stronger after each injection."

He now had almost perfect use of his arm, was able to pronate, supinate, flex and extend, and able to perform his duties as gate-keeper of the hospital. He could unlock and open the gates as well as though his arm had never been paralyzed.

The muscles of the thigh and leg had also nearly regained their former strength, so that he could move the foot forward in a natural manner. He had complete control of the foot, with the exception of the toes; they still remained almost motionless.

Patient left the hospital one month after ceasing the use of hypodermic injections of strychnia, greatly improved in his general health, and almost completely relieved of the paralysis from which he had been suffering for so long a time. The restoration of the arm is perfect. He is a little impeded in running, by not having complete control of the toes, but even that has been improved somewhat within the last month. The formula used for the hypodermic solution was

R.	Strychnia,	gr. j.	
	Acid phosphor. dil.,	gtt. ij.	
	Aque,	3v.	M.
Sig.	— πx = 1-30 gr.		

REMARKS.

This case is of interest from several considerations. It was a case evidently of syphilitic origin, was of long standing, and we have no reason to doubt but he was well treated when in the London Hospital. The patient himself states that he took largely of syrup of sarsaparilla; the probability is that it contained *iodide of potassium*.

There was nothing specially new in the mode of treating the case while in the Long Island College Hospital. It will be seen from the record, that the patient was first put on a mercurial course—small doses of calomel repeated often.

This was followed by the iodide of potassium, combined with the *tinc. phytolacca dec.*

At the suggestion of Prof. ARMOR we

have substituted, in many cases in the hospital, the *phytolacca* for the syr. of sarsaparilla. He claims for it very marked *alterative* properties, and that it is, at least, a valuable addition to the iodide of potassium.

Strychnia was also faithfully used, both by the stomach and hypodermically—the patient having been thoroughly prepared for it by the alterative course which preceded its administration. While there may be doubts as to how much, and what, the medication had to do in the relief of the case, the fact of the rapid recovery under the circumstances stated can not but be of interest to the profession.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

Wednesday, Nov. 9, 1870.

Surgical Clinic of F. F. MAURY, M. D.

One of the Surgeons to the Philadelphia Hospital—
Lecturer on Cutaneous and Venereal Diseases
in the Jefferson Medical College, etc.

(REPORTED WITH NOTES, DRAWINGS, ETC., BY
RALPH M. TOWNSEND, M. D.)

Keloid.

GENTLEMEN: The first case brought to your notice is the patient upon whom you have witnessed removal of sections of tumor at two preceding clinics. What was once the bed of the tumor is now a perfectly healthy granulating surface, but those of you who are seated near the patient, if you look closely, can already detect evidences of reproduction. As far as the results of the operations are concerned, this man has suffered no discomfort except that arising from lying or holding the head in one position. Apart from the operation he has been greatly troubled during the week with tenesmus and diarrhoea; why, I am unable at present to explain.

[The entire mass of keloid has now been removed with the exception of a portion lying immediately in the anterior median line of the neck. The *ecraseur* has cut either side of what remains so vertically to the surface of the neck that the remaining portion may be described as a cube, with a convoluted face, having height, depth and breadth of three inches. Dr. Maury proposes to gutter this in the middle line, and slipping over each half the chain of an *ecraseur*, remove them simultaneously. By such procedure he calculates to avoid all pressure upon the trachea.—R. M. T.]

The Result of Perineal Section

Two weeks ago I operated upon this man, whom you will remember as emaciated, tortured with pain, and seemingly at death's door; for I confess to you that I had my fears at the time as to whether he would not die upon the table. You see for your-

selves, and hear the man's statement that he is better in every way. Now in the result, not in the operation, you see the pith of clinical surgery. We introduce a sufficient number of times daily, through the opening in his perineum, a drainage tube into the bladder. This allows the urine to escape freely without irritating other structures. The old sinus are healing up and the man is rapidly convalescing.

I also show you the man upon whom I opened a specific bubo at the last clinic. He is free from any pain, and the parts have ceased discharging, except that dependent upon granulation.

Mucous Patches.

The case now before you is one of extreme interest, to which we might devote with profit the remainder of the hour.

Upon the vulva and perineum, extending back to the verge of the anus, and on either side of the buttocks of this woman, you see a peculiar growth. This affection has attracted more attention lately than any other connected with the subject of syphilis. I show you what is denominated a *mucous patch*, the "plaques muqueuses" of the French, and sometimes, though erroneously, condylomata.

The most frequent seat of this affection in women is where you now behold it; in men, around the anus and within the mouth. You find them upon mucous or muco-cutaneous parts, especially where there are little foldings or cut-de-sacs, kept moist by the retention of the secretions, and consequently unclean. You find them between the toes, where the discharge is thin and offensive; upon the lips, the tongue, tonsils, prepuce, vagina, and elsewhere.

This affection may attend primary syphilis as a secondary manifestation, as it is one of the earliest and most frequent secondary manifestations of syphilis, and I believe at no distant day will be conceded a concomitant of the tertiary form of specific disease. To illustrate the latter, it may be delayed in its appearance, but finally some extraneous circumstance, as uncleanness, calling it into play, it becomes a feature or attendant of tertiary syphilis.

But what I most desire to impress upon you is, that *this form of disease is highly inoculable*.

* According to the experience and writings of Rollet, Fournier and Diday, a man having intercourse with this woman may have developed a hard or Hunterian chancre. I have seen two cases, one now on hand in my private practice, where a patient with mucous patches upon the lip, kissing another, developed upon the lip of the latter a hard chancre, with its attendants of indurated base, involvement of the sub-maxillary lymphatic ganglions, of the affected side, and a profuse secondary manifestation of roseola maculata.

SIGMUND and HEBRA, of Vienna, teach the doctrines I endeavor to inculcate to-day.

During the late war, while Buel's army occupied central and southern Kentucky, soldiers by the regiment had syphilis as a result of vaccination with impure vaccine-virus.

[In the last edition, Oct. 1870, of "Bumstead's Venereal Diseases," he states that Dr. VIENNOIS has adduced satisfactory evidence to show that many instances of the transmission of syphilis by vaccination are due to the lancet having been charged with blood taken from syphilitic persons. Dr. B., as a result of his thorough and exhaustive researches relative to the connection between vaccination and the transmission of syphilis, states:

1st. "Vaccination with pure vaccine matter, is sometimes the exciting cause of the appearance of a syphilitic eruption in infants already under the syphilitic diathesis; in the same manner that it gives rise to non-specific eruptions in strumous subjects. The history of the case and the order of evolution of the symptoms are generally sufficient to establish the diagnosis.

2d. "Syphilis cannot be transmitted to a healthy person by the inoculation of vaccine matter taken from a syphilitic subject, unless the lancet at the same time be charged with blood; in which case a chancre is produced, followed by general symptoms in the usual order of their evolution."

That the latter often does happen, is evinced by the many cases which Bumstead and Viennois instance, where, as a result of vaccination, specific disease spread to a large number of persons.—R. M. T.]

Mucous patches situated upon cutaneous or muco-cutaneous surfaces, are generally elevated about a line above the surface on which they appear to be superimposed. Those of you who have an opportunity to inspect Ricord's *Iconographie* or *Cullerier and Bumstead's Atlas*, will find excellent representations of this affection.

In the case before you, you see a granulated surface, reddish in color, and here and there ulcerated by the friction of the clothing. It has an unpleasant odor, arising from the muciform secretion which covers it. In a few exceptional instances these patches are dry.

Treatment.—You may here apply either chromic or nitric acid, or the nitrate of silver, which act by dessication, and afterward sprinkle the surface with powdered calomel or chalk. Ricord washes them twice a day with a solution of chlorinated soda (Labarraque's); then sprinkles them with calomel and separates the opposed surface by the interposition of lint.

Another treatment in vogue in London consists in the application of two drachms of calomel, the same quantity of the oxide of zinc, and one ounce of lard. After a few applications the excrescences become dry and horny, fall off, and leave a raw surface, which soon heals. Mucous patches in the mouth should be touched with nitrate of silver or stronger caustic. Constitutional treatment should

not be overlooked, as mucous patches indicate saturation with the syphilitic virus.

[Berkeley Hill gives as synonyms for mucons patches, moist papules, mucous tubercules, and broad condylomata. He says the eruption commences as a papule, or several papules, which coalesce. If the papule originates in a hair follicle, it remains solitary and becomes an indolent pustule. In both sexes the initial lesion may, when kept moist, change to a mucous tubercle, by spreading a broader surface and secreting a thin fluid. In women, the mucous tubercle is frequently the first symptom observed, and sometimes the only one detected in the whole course of the disease. This author's treatment consists in frequent washing, covering with lint, and dusting with calomel, starch, or, if freely ulcerating, dried sulphate of zinc. Vide "Syphilis and Local Contagious Disorders," by Berkeley Hill.—Ed. 1869. Pp. 108, 109, and 298.

BUMSTEAD declares the terms "mucous tubercle" and "pustule," applied to this affection entirely inappropriate, "since it does not resemble syphilitic pustules or tubercles in its time of development, its symptoms, course, or termination." The name "mucous papules" is less objectionable, since this lesion consists in most instances of a development of the papillae, forming broad elevations above the surrounding surface; but it is not always elevated, and may even be excavated, and is, moreover, so distinct in its characters from ordinary papules, and of such importance as a symptom of constitutional affection, as to entitle it to the separate name "plaque muqueuse," adopted by MM. DEVILLE and DAVASSE.—Bumstead on Venereal Diseases, p. 566.—R. M. T.]

Amputation of the Leg.

In the early part of the autumnal course I brought this man before the class for the purpose of removing some dead bone at the ankle joint. I then told him a subsequent operation would be necessary, and bring him before you to-day for that purpose. The joint is now open and the tarsal and lower surface of the leg bones diseased, eroded or worm-eaten. The joint has lost its cartilaginous endowment and synovial element. I now give this man chloroform, with the understanding that should I deem it necessary, amputation of the leg will be resorted to.

[The joint was found to be so extensively diseased that Dr. Maury amputated the leg at its lower third, making antero-posterior flaps, and then sawing the bone. Examination of the amputated foot showed involvement of all the ligaments and bones of the ankle joint, destruction of cartilage and synovial membrane and sinews everywhere, radiating through the soft parts.—T.]

ALBANY MEDICAL COLLEGE.

Obstetrical Clinic by Prof. E. R. PRASLEE, Professor of Diseases of Women.

(REPORTED BY T. D. CROTHERS, M. D.)

Menorrhæa.

GENTLEMEN:—This case was before you last week: one of menorrhæa and metrorrhæa. The menstrual flow forbade an examination at that

time, which I will make now. I find, by the sense of touch, the cervix patulous, rolled out, and dilated, so that my finger penetrates half an inch or more. With the sound I find the uterus in natural position; but on the posterior wall I detect a hard, tumor-like substance; it is small and bounded, and is probably a fibroid tumor. I do not suspect a malignant growth in one so young (they are seldom seen under thirty-five or forty years of age). Nearly half a pint of blood is discharged between the periods of menstruation, attended with much febrile action. I find tenderness over the ovaries, due probably to ovaritis, which keeps the uterus in a state of congestion. I think there is little connection between the metrorrhæa and menorrhæa. In the treatment we shall care for the menorrhæa first. I would put small blisters over the ovaries, and apply leeches to the os, with saline cathartics; this, with astringent injections and general tonics, will relieve the menorrhæa. Then we may decide how to relieve the other difficulty.

Amenorrhæa.

This case I wish you to note carefully. She is 17 years old, pale, anæmic. Has never menstruated. Her mother brings her here that we may give something to bring on the periods. What is the cause of this retarded menstrual flow? Is it her ill health, or is this the cause of her anæmia and debility? In my experience, 99 out of every 100 cases of retarded menses are the result of low condition of vitality and ill health. It is not uncommon that puberty should be delayed sometimes until 19 or 20 years of age. I have seen full development take place and no menstrual periods present, or follow for years. If the girl remains in health, never interfere; it is dangerous. This girl is nervous; has a slight discharge. I have found the uterus normal by this sound. I think this condition of the menstrual function due to debility and anæmia; warm water injections, and general tonic treatment, with aloes as a stimulant for the rectum and the bowels, combined in the usual formula with iron, will answer every purpose, and a speedy recovery may be safely predicted. You will probably ask "why I do not give emmenagogues?" I answer—I do not know of a single medicine that can be called an emmenagogue. We have nothing in the materia medica that will act as such alone. The term is a misnomer, and has no meaning in practical "therapeutics."

You should always be sure in such cases that it is not one of imperforated hymen. If so, and the secretions are blocked up in the vagina and uterus, great care should be exercised in puncturing the hymen. If a large incision is made, and the fluid escapes at once, the uterus will contract, and retention of its contents with septæmia, will follow. But if the incision is small and the contents drawn off gradually, no ill results will follow. This operation,

simple as it seems, is full of danger, if you do not realize the condition of the parts. I know a fatal case of rupture of the Fallopian tubes, and peritonitis following, caused by a free opening of the hymen; the uterus contracted forcing its contents up the Fallopian tubes, and through them into the peritoneum. In such a case I would lay open the abdomen and wash away the fluids at once.

Stricture of the Rectum.

This woman comes here with stricture of the rectum. Five years ago vascular warts were removed from the vagina, called malignant. This growth has been coming on ever since. It cannot be malignant, it is too long in growing. When her periods come on she has free bleeding from this part. This is vicarious menstruation. Pus has been detected in the faces, evidently from ulceration caused by retention of fecal masses. I find by passing my finger up the rectum a contraction of the muscular coat, which gives readily by pressure, and with this bougie introduced from time to time the difficulty can be readily overcome.

Rectocele.

In this case you notice the vulva with this bladder-like tumor hanging from it. She is in good health; menstruates regularly; has no difficulty in passing water; but cannot have a passage from the bowels without returning this tumor. My finger passing into the rectum glides into the tumor, and the diagnosis of rectocele is determined: it is below the sphincter. The diagnosis in such cases can not be mistaken if ordinary care is exercised, and the treatment will suggest itself to your mind, viz.: to replace the parts and keep them up by an instrument, or remove a triangular portion of the rectum and vagina, bringing the parts together, treating as you would a fistule of the vagina.

Inflammation of the Uterus.

This case is sent here with the diagnosis of chronic inflammation of the womb. I confess I know of no such disease. If by this is meant inflammation of the substance of the uterus, it is very rare. If by the term chronic they mean inflammatory action, continuous, it is an error; they confound inflammation with congestion, and call it chronic. I believe we can never have chronic inflammation; it must necessarily be acute. The result will be congestion,—this may be chronic. Acute inflammation may follow at intervals, and the congestion be continuous. Inflammation of the womb is either metritis (of its substance or body), or endometritis (of the lining membrane), or perimetritis (of the peritoneum that invests it on the outer side); or it may include trachitis, inflammation of the body of the cervix; or peritrachitis, of the investing membrane; or endotrachitis, of its lining membrane.

You realize, gentlemen, how indefinite this term is, and how much more so would be our treatment

based on such a diagnosis. I find by examination a large sensitive cervix, fixed and rigid when pressed by the finger, and very painful; the uterus is natural, not sensitive, and nothing abnormal elsewhere. These symptoms, with the history, indicate trachitis. In the treatment, injections of luke-warm water with a few grains of salt to the pint, and rest, are all that will be required. I have found that pure water on mucous and serous membranes was irritating, but by the addition of a few grains of salt it becomes a soothing stimulant.

JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

April 6th, 1870.

Surgical Clinic of Prof. S. D. Gross.

(REPORTED BY DR. JAMES GRAHAM.)

Stone in the Bladder—Lithotomy.

Francis O'B., *et.* 11 years. This lad was born in Ireland. He left that county when but ten days of age, and has since resided in the vicinity of this city. For the last five years he has had pain voiding his urine, especially at the close of the act; at times the stream stops suddenly; his prepuce is elongated, from being handled; his urine is clear, and his general health is good, and his spirits cheerful.

On sounding, immediately detected a stone; he was then ordered to be confined to his room, on light diet, and to take five grains of bicarb. of soda three or four times a day, preparatory to the operation.

April 9th.—The patient's bowels have been thoroughly opened by magnesia; he has retained his urine for two or three hours, and he took a quarter of a grain of morphia, one hour ago. Chloroform was administered. [For an anæsthetic Prof. Gross uses chloroform exclusively. During its administration the patient is always in the recumbent posture; all source of constriction is removed from his body; his stomach is empty, and he is directed to inhale the chloroform by full inspirations from a folded napkin, upon which from half a drachm to a drachm of the fluid is poured at a time. The anæsthetic is always of the purest quality, and the Professor has never lost a case from death by its use.] A staff was introduced into the bladder, and the stone detected both by touch and sound. The patient was then placed in position, the breech projecting slightly over the end of the table, and the limbs confined to an assistant on either side. [Prof. Gross never ties the limbs.] Then resting upon his right knee, with the index finger of the left hand in the rectum, the Professor performed the lateral operation of lithotomy, in the usual manner, using a long, delicate, sharp-pointed bistoury, and making the ex-

ternal incision scarcely an inch and a quarter in length.

The stone was readily seized with the forceps, and extracted with a lateral motion; it was oval in shape, measured upward of an inch in its long diameter, and was covered with rough, glistening crystals. The bladder was then washed out with tepid water. There was but little blood lost during the operation. On examination it proved to be a fusible calculus.

April 20th.—The patient has been comfortable since the operation; he has had no pain, sleeps well, and his appetite is good. The greater part of the urine passes by the natural channel. He will be discharged from the hospital this afternoon.

April 27th.—The boy walked into the clinic room; his wound has entirely healed, and he looks well.

Ganglion.

John R., æt. 45 years, a tailor. This patient has a tumor on the dorsal surface of his right wrist, of upward of a year's growth, and connected with the extensor tendons; it is of large, irregular shape, with a constriction running across it from above, downward and outward, dividing it into two portions. It is unattended with pain, heat or discoloration of the skin.

Diagnosis, a ganglion; an accumulation of synovial fluid in the fibrous sheaths of the tendons, due to inflammation of the synovial membrane, gluing its surfaces together. Inserted a delicate tenotome, a little in front of the anterior surface of the tumor; punctured the sac subcutaneously, and incised its inner wall in every direction. A thick, ropy, yellowish fluid escaped. There proved to be two distinct tumors. Accordingly the professor reinserted the knife at the side of the remaining one, and treated it in a similar manner. The walls of the cysts were very much expanded, thin, and lay immediately beneath the skin, and floating in the contained fluid were numerous masses of semi-organized lymph.

Painted the parts with tr. iodine; applied a compress, consisting of a circular piece of wood wrapped in a bandage, splint, and roller.

April 16th.—The treatment has been continued, the tr. iodine being applied every second day; the tumor has disappeared; removed the splint and roller.

April 30th.—The tumor has not returned.

Hare-Lip.

Catharine Moore, æt. 11 years; Frederick Moore, æt. 5 years. These children, a brother and sister, are affected with congenital hare-lip. In Catharine, it is a mere notch, on the left side, not extending, except at the free margin, through the substance of the lip. Fred.'s is on the right side, and rather larger; but in neither case does it extend into the

nose. Gave Fred. chloroform, and dissected the lip from the gum, pared the edges of the fissure, inserting the knife at the upper angle of the cleft, and cutting downward; then, brought the parts together with two twisted sutures, inserting the first below, and wrapping the threads elliptically, and two interrupted sutures, one on the free margin of the lip, and the other at the upper extremity of the wound.

The little girl was then placed on the table, and chloroform administered; in this case the cleft was so small that the Professor did not deem it necessary to separate the lip from the gum, but merely pared the edges of the fissure, and brought the parts together, as in the previous case.

Neither case lost more than two drachms of blood, the lips having been compressed by spring forceps; the ends of the pins were cut off with pinpliers, and the parents of the children directed to give them any kind of soft diet. The upper pins were removed at the end of the third day, and the lower ones a day later.

They returned, at the expiration of two weeks entirely relieved of the deformity.

BELLEVUE HOSPITAL, NEW YORK

Clinical Diseases of Children, by PROF. JACONI.

Pneumonia.

A boy, 18 months old, was brought to the clinic, with the following history: Has been three weeks sick with fever, which did not appear to be periodic in its character. In respect to malarial fevers in children it may be said here that, whilst in adults you have the stages of fever and chill well marked, in small children the chill is entirely wanting, and instead you may have a blueness of lips or extremities, but of short duration; and in children there is a greater tendency to the double quotidian forms. The same type of fever that in adults will give rise to delirium, in children will give rise to convulsions.

It would not occur to any of you to measure the spleen in the first convulsion of a child, but if another occurred about the same time next day, I should strongly advise you to do so.

In the patient before you there does not appear to be any malarial poisoning, judging from the general history of measurements of the spleen. A physical examination of the chest, however, discloses the fact that there is pneumonia in the 3d stage, and here arises the question, can you have an intermittent pneumonia? Dr. DELAROCHE, of Philadelphia, has settled the matter for us that we cannot.

Treatment.—If the pneumonia is well established, but little can be done for it. Yet, if the temperature is high, that can be reduced by 6 or 7 grains of quinine before each exacerbation. If we see the case at the outset, veratrum viride or aconite may be administered. I prefer the former. In the present

case we shall give the quinine in 3 or 4 grain doses in solution.

Ovaritis.

Dr. DAWSON, of the clinic, presented a morbid specimen showing congestion of the Fallopian tube and ovary on the right side, with four ounces of pus in the cavity of Fallopian tube adjoining the ovary.

The history of the case was, that patient was suddenly taken with what appeared to be a hysterical convulsion; to this succeeded fever and abdominal pains. After two or three days tympanitis set in, and six days after seizure, patient died in collapse.

MEDICAL SOCIETIES.

NEW YORK ACADEMY OF MEDICINE.

Thursday, Oct. 21, 1870.

Tuberculosis.

Dr. FLINT read a full and comprehensive paper on the above subject, giving the histological history of the tuberculous product since the days of Laennec, showing that what was formerly considered as infiltrated, is now by German authors supposed to be the effect of chronic catarrhal pneumonia, and the old gray-granulated variety is now thought to be true tubercle.

The doctor dwelt upon the cause very fully, taking up the subject of Inoculation, and of *Chronic Pneumonic Catarrh*, and came to the conclusion that clinical experience and not theory must settle the matter, and before the later views are borne out by an analysis and study of the cases he would hesitate to accept them fully.

In respect to treatment he made no new suggestions, merely summing up the different modes that have been suggested.

Dr. ALONZO CLARK was pleased with the tone of the learned article which had just been read, and coincided with Dr. Flint in respect to the accepting or rejecting the pathological views on the subject of phthisis in accordance with clinical researches.

Dr. Clark further stated that first in 1842 he investigated miliary tubercle, and advanced the opinion that miliary tubercle was composed of transparent cells, with a nucleus apparently imbedded in a like transparent matrix; that these cells became opaque and then granular, or in other words, underwent fatty degeneration, and ulceration with the bronchial tubes. In respect to hæmoptysis giving rise to pneumonic change, he stated that he never yet had seen a case in which a prior examination did not disclose diseased thoracic viscera, usually either heart or lungs.

BALTIMORE MEDICAL ASSOCIATION.

(REPORTED BY J. W. P. BATES, M. D.)

Quinine.

DR. ARNOLD—There is no article of the materia medica which has been made the subject of more general study than cinchona and its various preparations. The leading fact that Peruvian bark acts permanently as a specific in malarial fever, naturally excites curiosity to discover in what manner it checks, with such remarkable promptness, a violent and threatening disturbance of the whole system. Despite the discordant views which prevail concerning its physiological and therapeutical action, there is no remedy in practical medicine on whose efficacy greater reliance can be placed. Around this central clinical fact all the rest revolve, and every theory proposed to explain its action must keep this in constant view.

It is no easy matter, and systematic writers are aware of the difficulty to classify a remedy of such special therapeutical qualities as quinine. The shortest way to solve the question would be to assume that quinine is the antidote of the malarial poison, and there is certainly much that speaks in favor of this view. But besides our utter ignorance of the exciting cause of the malarial disease, and the slight analogy there exists between the counteracting influence of quinine on the presumed miasmatic poisoning and the direct neutralization of inorganic chemical re-agents, there is the further objection to be met that a number of differently constituted substances, as well as moral effects, sometimes put a stop to intermittent fever. Our knowledge of the chemical composition of cinchona does not help us to solve the problem.

Hardly less unsatisfactory have been the efforts to ascertain the physiological effects of quinine with the view of inferring its therapeutical powers. The results obtained by close observation and direct experiment show a singular want of uniformity. We are told that quinine in moderate doses has a stimulant effect on the circulation, producing increased cardiac action, frequency of the pulse, cerebral excitement, and a congested state of the respiratory organs. When given in large doses, an opposite train of symptoms of a decidedly sedative character is observed. This change of action, according to dosage, bears, therefore, some analogy to the well-known action of alcohol. As an offset to this, we have reliable accounts which attest the sedative influence of quinine when given in small doses, while enormous quantities have not been followed by the least injurious consequences. The admission that quinine is capable of setting up functional disturbance, and that it may thereby modify morbid conditions, is by no means evidence of its sedative qualities; neither is that explanation worth much which alleges that the improvement of the

nervo-muscular power, in exhaustion and debility, after a course of quinia, is owing to the tonic virtues of this remedy. Be this as it may, it is certain that the power which cinchona displays in the cure of malarial disease, is over and above that which it shares with calumba and cascarilla.

Not long ago the journals brought us the report of some highly interesting experiments undertaken by Prof. BINZ, to determine the action of quinia on the blood. The results he obtained appear to prove that it diminished the number of white corpuscles, and he concludes that it possesses decided antiphlogistic properties. Interesting as these experiments are, and fruitful as they may become in a practical point of view, they throw no additional light on the therapeutical action of quinia in malarial disease. Although the *post-mortem* appearances in animals which have been poisoned by over-doses of quinia show extensive engorgement and congestion of some of the viscera, yet no approach to an inflammatory state could be noticed.

There is still another theory to explain the action of quinia. This theory is founded on the belief that the symptoms of malarial disease are caused by the introduction of some morbid material which quinia is supposed to eliminate. The changes which the blood undergoes, according to this view, and the consequent disturbance of the circulation initiate and continue the fever until quinia, by stimulating the excretory functions, throws out of the system the foreign product which has been the cause of the febrile movements. This explanation has much in its favor, besides the assent of a large number of distinguished men, whose opinions carry great weight with the profession. In witnessing the phenomena of fevers, whether infectious or malarial, the suspicion is strong that some kind of poison is at work.

Diseases of this order more than of any other offer the strongest evidence of the presence of an agency which deeply affects the composition of the blood and attacks life at its very fountain. Through no other channel can a toxic cause be so easily transmitted, and enter into more varied relations with tissues and organs. The blood has been injured, and suffers changes that cannot but react on the whole system. The stage of incubation, the full development of febrile excitement, the nervous prostration and the efforts of crises—which is the elimination of the products of decomposition—all point to the invasion of a blood poison. It is now generally believed that, at least in what are called zymotic diseases, a process resembling fermentation underlies the characteristic symptoms. Important and indispensable as these considerations are in forming a correct knowledge of the etiology of fever, yet they had engaged the attention of pathologists in an exclusive manner, and left unnoticed the pro-

found meaning of the part which the nervous system plays in fever. VIRCHOW, who touches nothing that he does not adorn, was the first who gave due prominence to the nervous element in the production of the febrile symptoms. Dr. PARKS, the able English exponent of Virchow's views on pyrexia, very justly remarks that not all infectious diseases produce fevers. Cholera, for example, is a highly infectious disease, but it is not essentially feverish. Conversely, pure inflammations and traumatic causes produce a high state of fever, into which an element of infection enters at the initial stage. It may now be asked, how then is fever brought about? Only when the nervous system in its most important parts is attacked by the toxic agent, or when by other causes, whether bodily or mental, in the absence of blood-poisoning, the moderating control of the nerve centres is resisted or enfeebled. This statement avoids the controversy about the original seat of fever, for it implies that, at least in zymotic diseases of whatever type, the nerves and the blood are the joint factors. Virchow, however, maintains the more special proposition that since the rise of temperature which follows increased consumption of tissue, is the essential and distinguishing mark of fever, it therefore appears to have its immediate cause in alternation of the nervous system. The theory involved in this proposition does not only harmonize with the great majority of facts, but has the additional merit of laying particular stress on the proximate cause of fever with which the practitioner has principally to deal. It would be irrelevant to undertake a lengthy exposition of this theory, the more so as its applicability is here only intended to be put to the test in explanation of the therapeutical effects of quinia in malarial disease.

The marked difference between the exciting causes of endemic and continued fevers, as displayed in the manner of invasion and course of symptoms, may be disregarded for the present, and exclusive attention directed to the leading features of malarial fever. It will at once become apparent that perverted nervous action takes precedence in the order of their appearance. The latency of the morbid influence of miasm is usually very short, and comes seldom under the notice of the attending physicians; but, whenever noticed, it is described as a feeling of lassitude, apathy and tiredness. All these subjective symptoms point to a defective innervation. Far more marked is the characteristic ague fit which betokens a deep implication of some of the nerve centres. The succeeding high grade of temperature, the cerebral and cardiac excitement, the pulmonary feebleness, the nervo-muscular depression and occasional gastric derangement, allow us no other interpretation than the presence of a serious interference with the normal regulating power of the nerve-moderators. The same state of

thing is inferable from the singular periodicity of intermittents, and their tendency to relapses; the absence of any discoverable lesions after death resulting from the severity of the paroxysm, and the results of physiological experiments which demonstrate that many of the symptoms are witnessed when certain nerves are injured. In accepting the present teachings of pathology, that symptoms of excitements, states of irritability, and faults of nutrition point to debility or defect of vital action, it may be argued that medicines which invigorate the system, and thus remove these morbid conditions, do so by virtue of their tonic influences. The indirect effects of quinia undoubtedly admit of this explanation, and the faith of medical men in its nerve-tonic properties stands unassailed. No one will question the benefit derived from this drug in low fevers and debilitated states of the body, nor ignore the satisfactory results that sometimes follow its use in the great neuroses. But the profession is now fully convinced that however effectual and prompt the curative effects of quinia in affections of malarial origin, or of a malaroid character, its positive and prominent therapeutical value is pretty much limited by the range of these diseases. Observation and experience have also decided on the truth of the cognate fact that the more prominently diseases evince periodicity, the more they are to be benefited by quinia.

If the above remarks concerning the proximate cause of malarial disease be taken into consideration, in conjunction with the admitted fact that quinia, in the majority of cases, cuts short or aborts the consequent morbid phenomena, then the inference follows that this medicine acts in a direct manner on the implicated nerve-moderators. All that is taken for granted is the correctness of the therapeutical doctrine which teaches that many remedial agents exhibit what is called an "elective affinity" for certain portions of the organism. This may or may not be an ultimate fact, but as long as this doctrine is not replaced by a better one, it can not be invalidated in this connection.

The drift of this reasoning would eventually place quinia among alteratives. Perhaps it is the best name for one of the best, because surest of remedies. The term "alterative," I am aware, is applied to medicine whose therapeutical action exercises a healthy influence on perverted nutrition and abnormal deposits; but in reality this technical designation expresses every mode of therapeutical effect. Whether quinia possesses the remedial virtues of removing exudations or of hastening the resolution of the inflammatory state is not very clear. At least experience teaches us to be cautious with it when visceral engorgement is present. Far greater services are derived from preparations of Peruvian bark in what are called functional dis-

eases of the nervous system, and they enter more largely into the treatment of these disorders than any other class of medicines. These results of clinical observation are of great importance, as they add to the strength of the opinion which restricts the curative effects of quinia to the correction of perverted innervation.

In passing from the examination of the therapeutical action of quinia in the typical intermittents to the inquiry of the power it possesses in controlling a number of diseases of malarial origin, but which are unaccompanied by febrile symptoms, we are forcibly reminded of the multifiform relations that a special morbid cause is capable of holding toward the organism. As miasm is the most widely distributed of all endemic poisons, there are few practitioners who have not been surprised at the various shapes malarial disease assumes, and the prompt relief obtained from quinia, in cases of a similar nature, but where the presence of the lurking poison is not suspected, and the happy thought of trying what a good dose of quinia can do suggests itself. A number of therapeutical virtues will be attributed to this remedy according to the bias of the physician. A diarrhoea, a cough, a neuralgia, or a spasm is seen to yield, which had previously shown itself rebellious to traditional antiphlogistic tonics, stimulants or sedatives. We would be much at a loss to offer some reasonable solution of this therapeutical riddle if we were not prepared to reply that the peculiar action of quinia breaks in upon the morbid causes which involve the moderating influence of special tracts of nerves as well as of nerve centres.

The highly interesting and puzzling class of diseases which some able observers designate as malaroid, because they often give way in a surprising short time to quinia, deserves also a passing notice. My own experience has made me acquainted with cases of pneumonia, inflammatory rheumatism, and some equally familiar diseases which ran a very chronic course until checked by quinia. Cases of this kind are known to occur at a time when intermittents are unusual, and in localities which are not infested by miasm.

It is a common practice to give various remedies in combination with quinia, either with the intention of preventing its unpleasant effects, or to fulfil certain indications of treatment. Antimony has the reputation of allaying the excitement consequent on large doses, and mercury is supposed to remove gastric and biliary derangements. This plan may occasionally be adopted with advantage. As a general rule, however, it is well to remember that the credit is justly due to the quinia alone. It is not easy to understand upon what rational grounds some practitioners hope to intensify the

qualities of quinia by squeezing it among a crowd of other drugs.

There is no abatement in the rush for substitutes for quinia. None of them has sustained the reputation claimed for it by enthusiastic discoverers. The medicine which comes nearest to it in antiperiodic powers is still arsenious acid. Dr. PIERSON, of Madras, speaks very highly of strychnia. He gives gr. 1-30 to 1-12 three times a day.

The general agreement in regard to the proper administration of quinia may be condensed into a few lines. No preparatory medication is required, though isolated cases may occur which indicate the removal of some gastric disturbance. As a certain time is required for the full development of its action, it is advisable to introduce the largest portion of the dose at the earliest recurrence of a pyrexia. Even small doses during the first hours of this stage, will frequently effect a cure, and similar benefit has been derived by giving it during the sweating stage. A large dose immediately before the chill is generally nugatory, nor will the severity and duration of the attack be lessened thereby. The American practice of giving large doses during the least abatement of the symptoms in remittent fever, whatever may be the state of the patient, is now generally followed. Children bear comparatively large doses very well, while the opposite is the case in aged persons. The form in which it is dispensed, whether in powder, pill or solution, seems to be of but little importance.

Dr. DICKSON—Is quinine an antidote or not to malarial poison? Dr. HANDFIELD JONES says it is not, but that it acts as a preventive of the paroxysms by increasing the tone of the system. Large doses have a decided effect on the nervo-vascular system, as is evidenced by constriction of the chest and heart, which may produce death. The ringing in the ears, the weakened pulse, the blindness and the swimming of the head, are all proofs of this action. In regard to its usefulness there can be no doubt about the great benefits derived from it in the adynamic type of disease, as rheumatic fever, typhoid, typhus, scarlatina, phlegmonous erysipelas and small-pox; in the nervous shock; when there is profuse suppuration; in menorrhagia and leucorrhœa; in bronchorrhœa, and phthisis, when there is great loss from profuse secretion. In the night sweats of consumption it acts well by contracting the vessels and giving tone to them. We should be cautious about its use in acute inflammation. In pyemia it has been used as an antiphlogistic and antiseptic, and has saved many lives, as also in gangrene. Dr. SPENDLER, of Bath, speaks highly of it in the after treatment of scarlatina. Dr. LYONS used the chlorate in scarlatina and diphtheria with hydrochloric acid, with good results. In enlarged spleen, from intermittent fever, it is

supposed by some to reduce it by removing the effects of malarial poisoning, while others say it acts on the blood-vessels and produces contraction of them.

Dr. WILLIAMS—Connected with the so-called sedative effects of quinia is a most important physiological question. That it is an apparent sedative admits of no question, and that it is also a tonic, in small doses, is without doubt. Is it both sedative and tonic? Can any medicine be tonic and sedative? For myself I cannot admit it. Indirectly it may be true as in the case of alcohol, which appears to be sedative in large doses, but this is in reality the results of poisoning. FRENCH contends that it is sedative, and if this be true it would be useful in visceral congestions; but it has not proved so, and we do not use it. So I think this sedative effect is indirect, and results from poisonous doses. As to its mode of action: this is a difficult question to solve. No *a priori* reasoning will tell us that quinia will cure intermittents. That its action is not antidotal is proved by the fact that many other remedies will also cure that class of diseases. Arsenic, salicin dogwood—the latter having been used quite extensively in the South, both as a prophylactic and curative agent—are fatal to the antidotal theory. The only explanation is that of Dr. Arnold, that it acts by its tonic effect on the nervous system, especially on the vasa-motor nerves. In this it coincides with other remedies, as sulphate of zinc, which have proved efficacious in this class of diseases. Quinia is the safest and the most prompt of the class. This supports the opinion that malaria acts by depressing the nervous system.

As in all medicines, the mode of administration is very important. WOOD says gr. 16 are enough to prevent a recurrence of the chill. In many cases this is not enough; but I have found ℥j. sufficient, and as a matter of routine give that quantity in the twenty-four hours, so timing it that the last dose shall be taken two hours before the expected paroxysm. After once breaking the chill a smaller quantity will prevent a relapse. How long shall we continue its use? We all know that relapses are very prone to occur in seven days or some multiple of seven. I usually continue the treatment for four weeks, giving gr. xx for two days, gr. x for two weeks, gr. vi for one week, and gr. iij for one week.

This insures against a recurrence next spring, if used in an autumnal attack.

Dr. NOEL—Jones has found in the blood a substance which gives the same spectrum analysis as quinia, which is absent in cases of intermittent fever. We find that it arrests too great histolysis in wasting diseases. I have gone back to the old theory of combustion. In phthisis we see cases in which the fever is very high, and the patient literally burns up. What may be the cause of this progressive loss of

strength we cannot tell, but we know that it is the fever and not the cough which is producing the unfavorable result. For this condition quinia is the best remedy, either alone or combined with strychnia, with opium to still the cough. In many cases given, as the sulphate, it fails, but succeeds when used as the phosphate and combined with dilute phosphoric acid. The same combination is useful in nervous diseases, after the abuse of narcotics or hypodermic injection, and when there is loss of nerve force from any cause. Draper says there is direct oxidation going on in the system, thus showing a direct combustion. Quinia retards this combustion, and so prevents the rapid breaking down of the tissues.

Dr. HOWARD.—I am anxious to hear something of its toxic effects. My own experience is limited, and I have no records to refer to, but there is a strong impression on my mind that a great deal of trouble is produced by the mal-administration. I remember a case in which the dose of gr. iv-v. was not well borne, and even when it reduced it produced decided evidences of insanity, lasting several days after the discontinuance of quinia. In the Southern army it was noticed that the Virginia men would not bear the doses in use among those farther south. Is not mental trouble following typhoid fever much less frequent now than formerly? My own theory is that it is, which I think depends upon the less frequent use of quinia in that disease. That the vasa-motor nerves are the proximate cause of chills is made evident by the number of cases cured by external applications. In the South, quinine being very high and difficult to get, we used turpentine stupes to an enormous extent and with great success.

Dr. CURRY—May not the unpleasant effects said to follow quinia be overcome by changing the form? Such has been my experience.

Dr. ARNOLD—What need we care for these transient effects when we consider the great use of quinia? We would be willing to take a dozen such remedies. When I entered the profession, quinia was used in typhoid and typhus fevers, but I cannot tell whether it increased the delirium or not. We are tempted to use this remedy on a large scale, and to look about us for affections, whether febrile or not, in which to use it. If asked if quinia has cured in a single case of non-malarial disease, I must answer, I do not know. We cannot hope much for it in typhoid fever and pyemia, and it is of no use in chorea, epilepsy and tetanus, although it is useful in nervous diseases not accompanied by a chill. When used in diseases other than malarial, it is a tonic bitter and acts as all other bitter tonics.

Dr. HARTMAN—HEADLAND classes quinine with the restorative hæmatics. Dr. BENGE JONES' theory is that it simply restores a lost principle to

the blood. WOOD thinks its sedative effect is indirect, such as characterizes excitation. WALKER says it is a sedative to the different nerves, and acts as a poison in debilitated and asthenic conditions. THOMPSON and many others deny this. We may conclude from all the evidence before us that in moderate doses it produces no deleterious effects. The common people think that it produces pain in the bones and muscles, and attribute visceral induration, ascites, etc., to its use, when the truth is, these are the results of the malarial poisoning and not the effects of the drug. I have seen a case in which deafness, lasting two years, followed its use. BALDWIN mentions a case of amaurosis of four years' standing traced to the use of quinia. He also mentions a case of a negro girl in which gr. viij, in divided doses two hours apart, produced death. He thinks that gr. l-xxxx in solution will kill in healthy adults.

Dr. UHLER—I have had large experience in the use of quinia, and have seen no evil effects. I have given it in large doses, in old and young, without fear of dangerous consequences.

Dr. ERICH—The truth is, that it removes the very symptoms it is accused of producing. On account of its high price and bitter taste, we do not see the results of long continued use. I have found it useful in my own person for loss of sleep, nervousness, resulting from over-exertion and dyspepsia. It increases the appetite and acts as an antidote to sleep.

Dr. WILLIAMS—Recent authors say the sedative effects of alcohol are the result of direct poisoning, and it is a question whether this may not be true of quinia. Would it not produce bad effects if long continued? Dr. Erich has referred to the reason why it is not long continued. Can any permanent deafness be traced to quinia? So many cases are produced by cold, hardened wax, etc., that I cannot conceive of any poisonous effect which would expend itself on the nerves of the ear rather than on the nerve centres. If permanent deafness follow, there must have been some serious disease of the brain. In regard to the theory of Headland and Jones, a single case of cure by any other remedy is fatal to it. I indorse the remarks of Dr. Arnold on the limited use of quinia, and consider it a waste of the medicine to use it when other tonics will answer better. Strychnia is an infinitely better tonic than quinia. In the high grade of hectic or phthisis, I use strychnia and quinia dissolved in acid phosphor. dil. In typhus and typhoid fevers I use strychnia. The chlorate of quinia is not so efficient as the phosphate.

Dr. TITCOMB—I have been frequently disappointed in the use of quinine this summer, and believe the occupation and the condition of the mind have much to do with its effects. Some cases in

which quinine failed, a cure was effected by liq. potass. arsen., gtt. vi; tr. gelsimini, gtt. xv; ter die. Others were relieved by podophyllin and leptandrin.

DR. ARNOLD—In regard to the evil effects attributed to quinia, we can dispose of the question by referring to the older authors before quinia was known. All describe the enlargements, dropsy, etc., as following intermittent. I have given gr. xii in the twenty-four hours to a child sixteen months old, with no ill effect.

MEDICAL SOCIETY OF VIRGINIA.

[We are rejoiced to announce the reorganization of the Medical Society of Virginia, after a hibernation of ten years. It was one of the best medical organizations in the country, and we look for much from it in the future. We are indebted to Dr. F. HORNER, of Salem, for the following report of the proceedings.—EDS.]

Quite a large number of the members of the medical profession of Virginia, representing every section of the State, assembled November 2, in the Chemical Hall of the Medical College of Virginia, for the purpose of organizing a State Medical Association, or to revive the old Medical Society of Virginia.

Dr. JOHN S. WELLFORD, on behalf of the Committee of Arrangements of the Richmond Academy of Medicine, extended a welcome to the members of the Convention, and on his motion Dr. James B. McCaw was appointed Chairman, and Dr. D. L. Edwards Secretary.

The chairman gave a brief history of the birth, life, and death of the old society, and announced that the chair was ready for the transaction of business.

On motion, Drs. Cheatham and Hicks, of the North Carolina Medical Society, who were present, were invited to take seats in the body.

On motion of Dr. FAUNTLEROX, of Staunton, a committee of thirteen, to be appointed from the different sections of the State, was chosen to report upon the permanent organization, and submitted in substance the constitution and by-laws of the former association.

The Convention then adjourned until 8 P. M.

Evening Session.—The Convention was called to order at 8 P. M. There being a much larger attendance than in the morning, the Chair requested those who had not done so to come forward to the Secretary's desk and enroll their names.

The Chairman of the Committee on Permanent Organization presented his report, recommending the constitution of the old society with one or two amendments—viz.: refusing to consult with an expelled fellow, and providing for six vice-presidents,

which was adopted. The by-laws of the old society were also accepted. They then nominated the following members for the different offices:

For President—Dr. R. S. Payne, of Lynchburg.

1st Vice-President—Dr. G. S. Wellford, Richmond city.

2d Vice-President—Dr. J. Staige Davis, University of Virginia.

3d Vice-President—Dr. William Selden, Norfolk.

4th Vice-President—Dr. T. C. Brown, Abingdon.

5th Vice-President—Dr. V. T. Churchman, Augusta county.

6th Vice-President—Dr. H. McGuire, Winchester.

Recording Secretary—Dr. D. L. Edwards, Lynchburg.

Corresponding Secretary—Dr. Frank D. Cunningham, Richmond.

Treasurer—Dr. J. R. Hamilton, Staunton.

Executive Committee—Drs. Hunter Maguire, Richmond; J. H. Claiborne, Petersburg; R. L. Madison, Lexington; M. M. Lewis, Alexandria, and John J. Kindred, Suffolk.

The chairman *pro tem.* invited the Society, on the part of the Faculty of the College, to participate with them to-morrow evening in the discussion at Zetelle's, of the subject of bivalves.

The President, being escorted to the chair, returned his thanks in a few appropriate remarks, and called the Society to order.

On motion of Dr. WILLIAM W. PARKER of Richmond, a committee was appointed to memorialize the Legislature upon the granting of a charter for the Society.

On motion of Dr. HORNER, it was resolved to urge upon the medical men of the State to form local societies and coöperate with the State Society, and, on motion of Dr. PARKER, a committee was appointed to address the profession on the subject.

Dr. BLACKFORD offered the following resolution:

"That the tender of beneficiary scholarships to Congressional and Senatorial districts other than those in which the medical colleges are located, and the distribution of patronage to political persons such as editors, members of Congress, or local Legislatures, is derogatory to the dignity of the profession, and calculated to introduce into the profession unworthy members, who may introduce discord, into the professional ranks."

This resolution was warmly discussed *pro* and *con*, and was finally referred to a committee, who were directed to report to-morrow evening.

Dr. LATHAM offered a resolution pledging the support of the society to the medical schools of this State, which on motion of Dr. STRINGFELLOW was referred to the same committee.

On motion of Dr. McCaw, the Society adjourned until Thursday morning at 10 o'clock.

[To be continued.]

EDITORIAL DEPARTMENT.

PERISCOPE.

Therapeutic Use of Water.

Dr. Z. C. McELROY gives the following case in the *Buffalo Medical and Surgical Journal*:

Mrs. Mosgrove, æt. 28; mother of three children; a delicate woman in every respect; has been under treatment for a week or more for general debility, using agents increasing motion in the interest of repair; but is still almost without appetite, and has to force into her stomach most of what she does eat, against her taste in the matter; has had backache and headache a great deal; complains of great weakness, and is now sick at the stomach. Her color is not good; pulse small and thready; surface cool; pupils large, temperature barely natural; is pale and careworn; face wrinkled and dry; but she is up most of the time caring for her family.

My conclusion was that she had not fluids enough in her body to carry on the molecular changes necessary for her to feel well. The ideal may be differently expressed by saying that her blood was too thick to circulate. I told her to bring me a pitcher of warm water, holding two quarts, with a tumbler and slop-bucket. She promptly brought a two-quart tin pan as full as she could carry it, and a pint bowl. The first bowlful was swallowed with much difficulty; the second more readily, and no further trouble was encountered in getting all of the first painful down, which was something more than three pints. Her pulse rose in volume considerably during this time, and she felt uncomfortably full. Noticing that her clothing fitted closely, she was requested to remove it, which she did, and felt more comfortable. The second painful, at her request, was made quite warm, and after some delay it was all swallowed, the total quantity something over three quarts. About two pints were returned by spitting out mouthfuls, and partial vomiting during the time. All the time she was taking it she was urged not to vomit it up. Her face has now become quite ruddy, and glowing with color, pulse full and bounding; sick stomach, as well as headache and backache, all gone; surface warm and moist. As it was near dinner time I left her, requesting her not to throw up any more if she could prevent it, but when the sense of fullness subsided, to eat her dinner, and to continue her medicine. She was not seen again till late in the afternoon of next day. In answer to my inquiries, she stated that a good while after I left her yesterday she threw up a great deal, felt better, ate a

heartily dinner, and had not felt so well at any time during the last five years as she had done since, and did not care a fig for any doctor that day. And her improvement has been permanent, for when last seen, near the close of September, she was quite well for her. I should have mentioned that the great bulk of water retained appeared at the bladder during the night.

Induction of Premature Labor.

MARK LONG, M. D., reports the following case in the *Lancet*:

The subject of the operation, Mrs. H., at the present time æt. thirty years, was delivered by me in November, 1868, of her first child, by craniotomy, after having endeavored unsuccessfully, and after employing all allowable force, to effect delivery by the long forceps. The contraction of the pelvis which rendered the performance of craniotomy necessary was at the brim, and was due to the approximation of the horizontal rami of the pubes behind the symphysis, by which the antero-posterior diameter was diminished, but to so slight a degree that I had considerable hope that the labor would be terminated by the aid of the forceps; in this, however, I was disappointed, as the forceps, although applied for more than an hour, did not advance the position of the head, and perforation had therefore to be resorted to. As the child was not a very large one, I advised my patient, before I ceased attendance upon her, to have labor brought on artificially at the seventh month, should she ever again become pregnant.

She accordingly consulted me when she was about six months advanced in pregnancy; and on the 14th of June, at 3 P. M., a fortnight more than seven months after she last menstruated, I passed an elastic tube about three or four inches within the os uteri, external to the membranes, and injected about a pint of warm water in a gentle stream, from which the patient did not experience the least pain or uneasiness. No pains came on that day, but she felt some "bearing down" sensations, which continued also the following day. At 3 A. M., on the 16th June, I was called, and found strong expulsive pains recurring every three or four minutes. On examination per vaginam, I found the os completely dilated, with the head presenting, and the membranes, which were very tough, low in the vagina. I therefore ruptured them, and the pains increased in rapidity and strength for about an hour without causing any advance in the position of the head, so that I began to think I should have to apply the

forceps; but just then some progress was made, and the labor was terminated in about a half an hour by the birth of a living female child, the placenta coming away in the usual manner. Since then the mother has made an uninterruptedly good recovery, and the child is doing well.

This is one of those cases in which the contraction of the pelvis is just sufficient to make it necessary to resort to the fatal perforation of the child's head if it be of or above the average size, and in which the induction of labor before the full time is of such great advantage, and usually followed by such satisfactory results; for it enables a woman, who otherwise, as in this case, would be debarred from ever having a living child, and would be exposed to all the suffering and danger attending the operation of craniotomy whenever she became pregnant, to bear a family with only the usual amount of pain, and with little if any additional risk.

The case with which the uterine douche can be applied, and the efficacy with which it acted in this case, will form strong inducements to my repeating its use, should I again have occasion to induce premature labor.

Reviews and Book Notices.

NOTES ON BOOKS.

In some recent numbers of the *London Practitioner* a series of articles appeared on the "Uses of Wines in Health and Disease," by "the editor and staff." They have been republished under the name of Dr. FRANCIS E. ANSTIE, in this country. Dr. Anstie chooses to advocate that a "bottle of good Bordeaux a day" is highly conducive to health and longevity. Such being his views, we are sorry they were republished this side of the water.

Among recent announcements the most noticeable scientific works are these: "On the Etiology and Prevalence of Diseases of the Heart among Soldiers," a prize essay by Arthur B. R. Myers, and "The Descent of Man, and on Selection in Relation to Sex," with illustrations, by Mr. Darwin.

BOOK NOTICES.

Twelfth Report to the Legislature of Vermont, relating to the Registry and Returns of Births, Marriages and Deaths, in this State, for the year ending Dec. 31st, 1868. Prepared under the direction of George Nichols, Secretary of State. Rutland. 1870. Svo, cloth. Pp. 134.

We have often emphasized the value of statistical reports, and maintained that in these columns of figures, so uninteresting in appearance, lies the true source of social and medical progress. The present

volume is a valuable addition to the literature of this important branch. In the introduction the Secretary of State acknowledges his indebtedness to the pen of Dr. L. C. Butler, Secretary of the State Medical Society, for the interesting practical deductions made from the tabulated statistics comprised in the report.

Some few of these deductions, the first to our hand, will give an idea of their interesting character. In reference to births, we find that in an average of twelve years the male exceed the female births just 5.7 per cent., in almost exact accordance with the general laws of sex. The two months showing the largest number of births are September and October, indicating that the cold Januaries and Februaries of Vermont, when people love to lie snug abed, are most provocative to fertile conceptions. That only one out of 143.3 births in the State is illegitimate is a fact of which the citizens may be justly proud. In Holland, the country of Europe which has the best record in this respect, the bastard births are 4 per cent. Concerning marriages, it is curious to note that the increase of those in which the maid is under twenty years of age is very observable. Divorces are increasing, and have been for some time, at the rate of about a half per cent. a year, which, says the writer, "indicates a laxity of morals which is truly alarming." In deaths, consumption is far ahead of any other disease. For the twelve years ending 1868 this disease counted 18.58 per cent. of all deaths, or very nearly one in five. The average of the decedents was 37.42 years, which is a high average. In 4,415 deaths 76 persons were over 90 years, and 4, or say 1 per mill. over 100 years.

But we must refrain from the temptation of going still further into these enticing studies, and refer those who would pursue them more deeply to the work itself.

Lectures upon Diseases of the Rectum, delivered at the Bellevue Hospital Medical College, session 1869-'70. By W. H. VAN RUREN, A. M., M. D., etc. New York. D. Appleton & Co. 1870. 1 vol. 12 mo., cloth. Pp. 164.

In these lectures the author treats of hemorrhoids, polypus and fistula in ano, fissure, stricture of the rectum, cancer, eczema, neuralgia, atony, the means of diagnosis, hygiene, and special therapeutics of the part he has under discussion. The style is lucid, and the matter practical and important. Little that is new or original will be found, but much that is useful and well put. More could have been said with advantage on the palliative treatment of hemorrhoids, on the non-cutting methods of cure of fistula in ano, and one or two other subjects. The general origin of several of these local diseases is slightly touched upon. And to our mind, the lectures and book should have commenced, not concluded, with directions how to make a rectal examination. But as the author lays no claim to anything more than to have written a "useful" book, we can certainly say that this much he has done.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 26, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

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THE DEFINITION OF LIFE.

What is life?

At all epochs in the history of physiology this question has been put. The answers of the ancients we do but laugh at. But what more can we do with those of the latest devotees of science?

"Life," says Bichat, "is the sum of the forces that combat death." These words do but mask the truism, that when we are not dead, we live!

So, too, does the definition of a later physicist—"Life is the continuance of function: death, the cessation of function."

These expressions do but refer to the outward, visible manifestations, not at all to the inherent differences between the two conditions.

This class of thinkers believe that the presence of physico-chemical changes, in the constant transmutation of organic matter, in the constant opposition to the degradation of tissues into its inorganic constituents, consists the whole of the phenomenon of life. But the question is, what subtle and hidden force prevents this degradation? What is the mysterious power which forbids the deterioration which is the mark of death?

A deeper class of minds maintain that beyond any mere chemical or physical course of phenomena rests a power of another kind altogether—one which manifests itself in actions wholly unknown to and inexplicable by chemical laws. We may call it the vital force, (*vis vitalis*), and it is as good a name as another, though much abused of late years.

Twenty years ago it was derogatory to a scientific man to believe any such force existed. Alexander von Humboldt, in the last edition of his *Views of Nature*, felt himself called upon publicly to recant the expression of his belief in the vital force, which in earlier years he had embodied in the beautiful allegory of the Rhodian genius. Were he now living, he might well exclaim with that other famous student of nature, whose story is familiar to all, "*recanto recantationem*."

For of late, as we have heretofore hinted in this journal, the scientific mind is undergoing a change upon this point, and within the last year several of the most eminent teachers and interpreters of nature have come forth in strong language in favor of a vital force.

Not to quote at length the Abbè SECCO

and Dr. POELMAN, it is enough to extract the following cogent remarks from a letter of Dr. LIONEL BEALE in the *British Medical Journal* of recent date. Speaking of the physical theory of life, he says:

If those who support this view could explain by physics and chemistry (a) the movements, (b) the growth, and (c) the division of any particle of living matter of any organism in this world, they might have some excuse for the very positive statements they make about the physical theory of life.

People are beginning to doubt whether, after all, living things are really so like machines and crystals and physical basis, and complex albuminoid matters in a state of rapid chemical change, as they have been led to believe them to be. And people are also beginning to doubt if those who have spoken so positively on the physical side really know much more than any one else knows about the nature of life; although, from their very decided manner, it was natural to believe they possessed very peculiar and perfect knowledge of the subject. Whether the physical theory of life would have resisted much better the "furious onslaughts" that have been made against it, if some other course had been pursued, is a matter of opinion; but it is quite certain that some of the strongest supporters of the doctrine are modifying their views, and are preparing to modify them still further. Those who have watched for ten minutes, under a high magnifying power, the varied movements of living matter, and have thought a little over the question of the nutrition of that living matter, will not easily be brought to believe that such phenomena are due to physical and chemical charges only. The number of such observers increases daily.

These are no words for argument or of hasty deduction, but condense in a few lines the long experience of a life devoted to the study of the phenomena of organic force in their simplest and primitive form; they are worth whole libraries of the trash of BUCHNER and similar theorists.

THE RIGHT TO POST-MORTEMS IN HOSPITALS.

Of late there have been several legal difficulties in England in reference to the right of hospital surgeons to make post-mortem examinations of patients who have died under their charge. The friends, in these instances, entered a complaint before a police magistrate, that there had been violation of the remains of the dead. The attorney for the defense explained the difference between a dissection and a necroscopic examination.

In order that in future such an unpleasant occurrence might not take place, the Superintendent of Guy's hospital has printed the following notice to friends and relatives of deceased patients:

The Governors reserve to themselves, in the in-

terest of the public and as one of the conditions of admission to the Hospital, the right of causing a post-mortem examination to be made of the body of every patient who dies within the Hospital, by the pathologist or his representative, for the purpose of accurately determining the cause of death.

In the event of the friends or nearest relatives being opposed to such an examination, they are to communicate their wishes to the Superintendent, who will submit their objections to the medical officer who had charge of the deceased patient, and if he is of opinion that there is no urgent need for a post-mortem examination, the Superintendent is authorized to dispense with it.

This must present itself as a wise and beneficial regulation to all intelligent persons. The right to a necroscopic examination should be demanded by every public hospital as one of the conditions of admission.

ABOUT OURSELVES.

We do not often trouble our readers with business affairs in these columns; but so many encouraging words come to us from different sources that we would not be doing justice to ourselves or the writers if we did not make some acknowledgement of them.

Our Clinical and Medical Society Reports are receiving commendation from every direction. It will be observed that the practice and sentiments of almost every part of our broad land are represented in these reports. Foreign journals are quoting largely from them, as well as from other articles in our pages. No. 9, vol. 147, of *Schmidt's Jahrbücher* contains several extracts from the reports of Dr. HADLOCK of the proceedings of the Cincinnati Academy of Medicine, which, by the way, have received many commendatory notices.

A correspondent in Western New York writes, "Thanks for your labor in making THE REPORTER the best medical journal in America." A subscriber in Tennessee says, "Your MEDICAL AND SURGICAL REPORTER is regarded in this community as a valuable journal. I read it with increased interest every week, and anxiously look for its arrival." Another in Ohio writes, "Except the unavoidable interruption during the war THE REPORTER has come to hand every week with much regularity. I have been pleased with it many hundreds of times, for I have every number to this date since it became a weekly."

A subscriber in Illinois says, "I would not do without it for five times the subscription price. It is always right up with the times, and I wish

you everything in the way of success. It is a journal that the country physician cannot well get along without, for with it, if he is on the frontier he can get all the recent discoveries in the science of medicine, and he has one of the best practical works in all the land."

A correspondent in this State says, "Your journal suits us country doctors very well—that is, if their education has not been spoiled by literature and science! Now and then you find one of the latter stripe (but not in your humble servant), who will fancy something else. Your work is a good, manly one in publishing the journal you do. Its Clinical Reports are excellent, and I like them better than anything else."

The last correspondent refers to a class of men whose patronage is not worth consideration, and who do very little for the advancement of medical science. Our object is to seek the greatest good of the greatest number, and we often publish articles that to some men are a "stumbling-block" and to others "foolishness," but from which many whose advantages have not been good, or who are not over-stocked with self-conceit, draw instruction and encouragement.

Finally, we give the following quotation from an appreciative notice in the *Franklin Repository*, published at Chambersburg, Pa., one of our best weekly newspaper exchanges:

It requires a large amount of energy and an extensive circle of supporting friends to keep up an interesting medical journal weekly. THE MEDICAL AND SURGICAL REPORTER meets this want. Contributions come to it from all parts of the Union, and no rival publications can give so good a reflection of the profession generally. Its reports of the city hospitals and college clinics are excellent; but, after all, the characteristic of THE REPORTER is that it is the channel through which the vast body of the physicians of the country at large contribute their rare cases, strange experiences, new expedients, original discoveries and inventions, and interchange opinions upon topics of interest that arise in practice. THE REPORTER has a firm hold upon the profession, and need fear no rivalry.

As a corollary to what precedes, it is proper to add that it is MONEY AND MONEY ALONE that enables us to make THE REPORTER what it is. More prompt payments on the part of some, and increased efforts to extend our circulation by all, will add to our resources, and enable us to give subscribers more than they now get, and of greater variety. THOSE WHO HELP US HELP THEMSELVES.

Notes and Comments.

A Burning Earth.

A curious industrial application of a hydro-carbon called ozokerit, found as a mineral product in Moldavia and Walachia, has been made in England. A firm, noticing its brilliant light when burned, decided to experiment on it with the object of making candles. To all appearance this was a most unpromising idea. The ozokerit, in its natural state, is a dirty, brownish-black mass, and the public have been so luxuriously educated in the matter of illumination that nothing but a very handsome candle can compete with the lights of the present day. The success of the enterprise has, however, been perfect. By sundry processes of distillation and purification, a beautiful white, hard, waxy substance is produced, handsomer than spermaceti, not so transparent as paraffine, but possessing a brilliant gloss, and melting at a temperature of 140° Fah. This high melting point (paraffine being about 125° and stearine 130°) allows the employment of a larger wick, and this, combined with the naturally brilliant light of the ozokerit itself, makes the candles burn with a brightness exceeding that of any now in use.

Chlor-alum.

A week or two since we spoke of the new antiseptic, the hydrated chloride of aluminium, now called chlor-alum. The last number of the *Chemist and Druggist* says: We mentioned last month that we should make certain experiments with this new antiseptic and disinfectant. As well as we can at present judge—and we have been very careful to arrive at a correct conclusion—chlor-alum possesses really marvelous antiseptic properties. It is superior in this respect to chloride of zinc, and is not poisonous. A piece of meat, smelling very offensively, soaked in a solution of chlor-alum, was rendered comparatively sweet in an hour. We confess that we were not so fully satisfied in trying it on drains. It was not by any means a failure, but its action did not seem so prompt as that of carbolic acid. It is sure to be a useful article, but much more extensive experiments are required to appraise its exact value.

How Many Doctors.

According to the reports of the present census, as far as consolidated, the whole number of physicians in the United States, including all ages, sexes, colors, and schools, is 74,000. The number of homœopaths, according to the *Annual Record of Homœopathic Literature* for 1870, is 3,362. The number belonging to other schools are not yet reported.

Elegant Preparations.

The pharmacist is exerting himself to make elegant, effective and palatable combinations of remedies, and to supply the physician with most of the official formulae, and many others, in a shape in which they will keep well, and be easily administered. From WM. R. WARNER & Co. we are in receipt of several specimens of tonic elixirs, sugar-coated pills and—tell it not in Gath (because we have said so much in praise of temperance we suppose!) whisky—pure whisky, yes, and cognac too—"for medicinal purposes only!"

Domestic Medicine.

A sensible correspondent in North Carolina writes us inquiring which is the best work on domestic medicine, and adds: "People living in the country, miles from a physician, will, and indeed sometimes must, consult medical books, and it is desirable that they be provided with the most suitable. I frequently find them in possession of Gunn, or some still older book. I want one in harmony with the more enlightened medicine of our day, and at the same time safe in the hands of an intelligent layman."

There is much truth in this, and also sea-captains, travelers, missionaries, and pioneers, require such books. Yet there are physicians who deem it derogatory in a medical man to supply this legitimate demand, and would leave that whole field to pretenders!

Well Deserved.

At the Court of Quarter Sessions, of Pittsburg, on November 5th, a physician of the homoeopathic persuasion came to grief, as shown in the following record:

In the case of the Commonwealth vs. Dr. THOS. HEWITT, convicted on an indictment charging him with procuring an abortion, he was called up for sentence and required to pay the costs of prosecution, a fine of six cents and undergo an imprisonment in the penitentiary for a term of three years.

Elasticity a Mode of Motion.

At the meeting of the American Association for the advancement of Science, Prof. WALLING read an interesting paper on the above subject. It was an attempt to show that elasticity, like nearly all the other so-called primary properties of matter, is merely a manifestation of atomic motion, and that this is true not only in regard to gases, as is now already recognized in the dynamic theory of gases, but also in regard to liquids and rigid bodies; that in fact the rigidity of solids is a consequence of the peculiar arrangement of the atomic orbits in rings in different planes of motion, the connected orbits

being made up of lines of atoms in close proximity, connected at the molecular poles in such a way as to form in each plane a sort of *latticed truss*, giving rigidity of form to the entire structure, whether a crystal or an amorphous aggregation of minute crystals.

In liquids and solids, each physical molecule is supposed to be made up of at least three closed orbits or rings of atoms revolving in different planes, and forming at their intersection six crystalline poles.

Lager Beer.

A chemical examination of this popular drink is before us: The sample analyzed had been kept for two and a half years in casks; the liquor had a deep brown color; its taste was pleasant, but not bitter. One litre of this beer contained—Water, 878.4 c.c.; extract, and other following substances, in grms., 70.5; alcohol, 48.8; carbonic acid, 2.3; sugar, 5.0; phosphoric acid, 0.58; nitrogen, 0.46; ash, 2.4.

Detection of Strychnia in Medico-Forensic Analysis.

Dr. WEYRICH relates in the *Moniteur Scientifique* a case of poisoning, with strychnia, of a person accustomed to consume opium, and to whom had been given large doses of ipecacuanha, while, moreover, a portion of the contents of the intestines had to be tested for mineral poisons. The real bearing, therefore, of this case turns upon the detection of strychnia in the presence of emetine and morphia. The strychnia was detected in an alcoholic extract of the materials taken from the corpse, by means of the reaction produced by strong sulphuric acid and bichromate of potassa, which at first oxidizes only the emetine, and, this having been removed, produces the well-known purple coloration, due to the action of the bichromate and sulphuric acid upon strychnia. The morphia was detected in a separately made amyl-alcoholic solution, by means of molybdate of soda in dissolved concentrated sulphuric acid.

The Venom of Scorpions.

Dr. JOUSSET's account of a series of experiments on the venom of the *Scorpio occitanus*, a rather common *Arachnida* in southern Europe, is quoted in the *American Chemical News*. The author draws, from his experiments, the following conclusions: The venom of the *Scorpio occitanus* acts directly and solely upon the red blood globules. This action consists in withdrawing from the globules their property of gliding over each other. By losing this property, the blood globules become glued together, and, by thus becoming an adhesive mass, obstruct the circulation of blood in the capillary portion of the vascular system, thereby causing a stasis which is altogether incompatible with the proper conditions of

life. The author also observes that, since the action of the scorpion's venom is purely chemical, and that a certain quantity of it (the venom) is required for exerting its action, it essentially differs from virus, which acts as a ferment.

Injurious Earthenware.

In a German chemical journal attention is directed to a report to the Bavarian Minister of Commerce and Public Works, concerning the means by which, in the manufacture of earthen and crockery ware, the use of enamels containing lead as a flux may be either entirely avoided, or rendered innocuous, by the use of a very limited and small quantity of oxide of lead in combination with other substances, so as to prevent the glaze being acted upon by weak acids, such as, for instance, vinegar.

Correspondence.

DOMESTIC.

Some Remarks on Hospital Surgeons.

EDS. MED. & SURG. REPORTER:

In your esteemed journal of August 13, 1870, you do me the compliment to comment upon some extemporaneous observations I am reported to have made a few months since, on the occasion of the reading of a paper before one of the Medical Societies of this city, by Dr. O'Sullivan, upon the subject of the comparative value, to medical scientific investigation, of hospital and dispensary practice. You therein suggest, and you are not alone in the idea, that, as reported, my remarks led to the inference that my estimate of the value of the labors of hospital physicians in the advancement of our science does not perhaps do them justice. Our very highly valued friend writes me, inspired by your reports and comments, that he thinks me too hard on hospital physicians.

Having spent some eight years of my professional life in hospitals, it is, perhaps, fair to infer that, whatever opinion I may entertain as to the professional habits and general character for scientific productiveness of hospital physicians and surgeons, it has not been formed without some opportunity for observation. It is a duty to myself, however, as well as to the hospital physicians, to here assure them that, in my reported remarks, I had not the least intention of depreciating the advantage and the importance of the field for observation and experiment they enjoy; or to convey the idea that they, as a class, had not used their opportunities in a manner to redound to the greatest good of suffering humanity.

My observations were, it is true, somewhat one-sided, made so purposely to encourage and sustain the sentiments of the author of the paper read on

the occasion, to the effect that our public dispensaries furnish large and fertile fields for study, and that it is by no means true that hospitals alone furnish available means for the scientific study of disease.

I presume you, as well as most of your readers, will agree with me, that neither dispensary nor hospital physicians utilize, to anything near the extent possible, the material their positions furnish. They all require stimulation as well as our country neighbors.

I heartily concur with you in your remarks relating to the value of the experience of even our most secluded country practitioners, and believe that, if some means could be devised to secure a record of it, that experience would be an addition to our literature of unexpected richness. A very satisfactory illustration of what it probably would be is given us in the last vol. (iv) of St. George's Hospital Reports, 1869, p. 201, by Dr. JAMES NICHOLLS, under the heading of "Reminiscences of cases from Private Practice." Many of your readers will no doubt be pleased by the perusal of these notes of a county practitioner.

While they are about it, if they have any doubt as to hospital physicians and surgeons needing stimulation, as to their habitually making very poor use of their opportunities, I would suggest that they turn to page 223 of the same volume, and read a report of the "Excision of the Scapula," by George POLLOCK, Surgeon to St. George's Hospital, London, Professor of Surgery, etc., etc. Let them carefully compare this report and the comments upon it with Dr. Nicholls' Notes on Country Practice.

To the surgical portion of your readers I especially commend the perusal of this report, and if they can, after such perusal, arrive at a conclusion at all favorable to the reputation of this London hospital surgeon as a leader in, and a contributor to, the science and literature of surgery, I shall feel thankful to them if they will tell me how they do it.

I need not perhaps say that I have not, nor do I try, to acquire patience with a man of Mr. Pollock's position, who will allow so poor, not to say incorrect, a paper to appear over his signature. With the record of the two cases he here publishes, I have no complaint to make, indeed, I am under obligation to him, for one of them enables me to complete the history of the 57th case in my table of operations involving the removal of all, or the greater part of the scapula; and the other furnishes me an additional case for the same table. (See New York Medical Journal, Jan., 1869, p. 434.)

The comments, however, which follow the records of the cases, are of such a character as to call for severe criticism. He commences by stating what he has no valid reason for believing, viz.: That Mr. SYME was the first surgeon in either Europe or

America to remove the scapula. Indeed, on the same page Mr. Pollock alludes in a note to a *résumé* of cases published in the *New York Journal* for May, 1866, p. 142, wherein it is distinctly stated that Langenbeck performed the operation in 1855, a year before Syme's operation. Had Mr. Pollock been as careful of his literary reputation as one in his position is presumed to be, he would certainly not have committed himself to a statement so notoriously incorrect. He does not even allude to the very elaborate paper on the same, and on a kindred subject by Dr. Watson, in the *Edinburgh Medical Journal* for August, 1869, published a month before his last operation. Had he allowed his spinal extensors to relax somewhat, and deigned to consult the journals of the American cousins, he would have found that, as long as two or more years before he prepared this report, the *American Journal of Medical Sciences* published a compilation of the literature of the subject of removal of the scapula, which has been admitted in both Europe and America as the most complete in any language. (Ph. cit., Oct., 1868, p. 359.)

He would have then found that if any question of priority can arise, it will not involve Mr. Syme, but will remain between Langenbeck and Mr. South. For a still more recent and complete tabular exhibit of that literature, he can hardly expect to be excused for not apparently having any knowledge of that published in the *New York Medical Journal* for Jan., 1869, already alluded to. No country practitioner could certainly ever be pardoned for so grave an oversight.

I hardly know what we would say of a country surgeon who should write of Dr. Pollock, "Previous to the time (1856) when Mr. Syme proved that the scapula could be safely removed," etc. Our veteran surgeon, Dr. Gross, will doubtless be amused at this historic display of a great London surgeon, and a hospital surgeon at that. I am by no means sure however, that Mr. Pollock's apparent ignorance of the literature of the subject is not feigned. If the reader will take the pains to read his remarks side by side with my paper in the *American Journal*, as above quoted, I venture to say that he will be struck with the similarity of manner and even words used in the latter, and by him two years later.

I urged it as a much simpler and less dangerous operation than it was generally regarded by surgeons. He speaks of it in similar terms, though he takes no pains to defend his opinion by argument or statistics, as I took much trouble to do. I especially go to much pains to show that it need not be attended by much hemorrhage. He also dwells upon this point. I take the ground that when a large part of the bone is removed for malignant disease, there is far more danger from leaving the balance than any advantage will compensate for; that, in

short, in malignant disease, the entire bone should be removed. He thinks it better to remove the whole, as it is less likely to be followed by a return of the disease.

Again, I remark: "We do not learn from the exhibit of this table (about 70 cases) that the removal of the entire scapula is a more serious operation than the removal of the greater part of it," etc. He says: "As the removal of the whole bone is not a more formidable operation than the removal of a portion of it, and as the patient has less chance of a recurrence of his disease if the whole bone be taken away, it should be in a very exceptional case, and on some very peculiar merits of its own, that the surgeon ought to undertake the removal of a portion of the scapula."

Which ground I went over two years before by the following words: "I would decidedly favor the removal of the whole bone, rather than a part of it, in cases of malignant disease, for the following reasons: first, the results are quite as good in respect to the future usefulness of the arm; second, the dangers attending the operation are scarcely even greater, generally less; third, the liability of the disease to return is probably less." I do not wish to be understood as believing this to be a case of plagiarism on the part of the London hospital surgeon; but had his paper been written two years earlier, it might well be regarded as an illustration of a, by no means unheard of, psychological phenomenon.

These are in brief, some of the points of Mr. Pollock's report to which I desire to direct attention as a means of illustrating one of two things, viz.: either that a Professor and a Metropolitan Hospital Surgeon is liable to squander his opportunities, and to fall in the rear of his country or colonial neighbors; or he may become so blind in his own conceit, or so dishonest, as to give them no credit for their industry and intelligence. I leave all such to choose which charge they will pocket. Industry and intelligence I respect anywhere, whether in hospital or hovel, and I am a firm believer in the proverb "honesty is the best policy." I trust you will succeed in stirring up both the country, and the idle hospital physicians to a sense of their duty.

STEPHEN ROGERS, M. D.

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NEWS AND MISCELLANY.

New York Items.

—The Medico-Legal Society of New York had a meeting November 10th, at which the ex-president, Dr. J. F. Miller, remarked that the Society now consisted of 150 physicians and lawyers, and many interesting papers had been presented during

the year upon insanity, testamentary capacity, and medical jurisprudence, and the Society bids fair to increase in usefulness and efficiency.

—On the 10th the Hospital for the Ruptured and Crippled, a new structure, 125 by 100 feet, on the northwest corner of Lexington avenue and Forty-second street, erected by the New York Society for the relief of the Ruptured and Crippled, was formally opened. In the evening a large number of visitors inspected the building. Each ward occupied an entire floor. It can accommodate 250 patients. The resident physician is Dr. JAMES KNIGHT.

—Five or six gentlemen of the Bellevue Hospital Staff were lately threatened with suits for failing to report deaths. The deaths *had been* reported, and the threat turned out to be a piece of spite of a petty official.

QUERIES AND REPLIES.

Dr. C. J. B., *New York*.—We can send you Squire's vertebrated prostatic catheter, figured in the *REPORTER* of Nov. 5th. Price, \$6.

Dr. L. W. B., *Ohio*.—The *Am. Journal of Med. Sciences*, *News & Ranking's Abstract* taken together, are \$6 a year. We can furnish *Harper's Magazine* and *Appleton's Journal* at \$3 each, with *THE REPORTER*—the subscription price to each being \$4 a year.

Dr. J. B. M., of *N. J.*—1. We can find no monograph on the use of the thermometer in diseases. There is an English work on the subject, but it is not in the market. 2. We have used the following tonic and stimulating wash in cases of falling of the hair with much satisfaction, to which tincture of aconite, in moderate quantity, or other stimulating ingredient, might be added if needed, reducing the quantity of alcohol proportionally:

HAIR TONIC.	
R. Quinies sulph.,	3ss.
Acid. sulph. arom.,	13ss.
Tinct. cantharid.,	13j.
Myroxylon,	3j.
Ol. ricini,	13ss.
Alcohol,	13vijss. M.
ft. lotio.	

OBITUARY.

HUGHES.—At Waynesburg, Chester county, Pa., Nov. 8th, A. D. 1870, of Consumption, J. H. Hughes, M. D., aged 30 years.

At a meeting of the Physicians of Waynesburg and vicinity, held at the Drug Store, on the 10th day of November, A. D. 1870, the following resolutions were adopted:

WHEREAS, By a dispensation of Divine Providence it has so pleased Him to take from our midst our worthy and esteemed friend J. H. Hughes, it is as a token of respect to his worth as a member of the Medical profession, and to his character as a private citizen, hereby

Resolved, That we bear testimony to the ability and dignity which he ever showed in his profession, and that we revert with pleasure to the gentlemanly and professional courtesy he always manifested.

Resolved, That we sympathize with his relatives and friends, and with the community at large in his demise.

Resolved, That these resolutions be published in *THE MEDICAL AND SURGICAL REPORTER*, *Village Record*, *Jeffersonian* and *Coatesville Times*, and that a copy be sent to the family of the deceased.

C. GALEN TREICHLER, M. D., President.
D. J. McCAA, M. D., Secretary.

MARRIED.

MONTANYE-SMITH. At the First M. E. Church, Kingston, N. Y., Nov. 3, by Rev. J. Y. Bates, Wm. D. L. Montanye, M. D., Rondout, N. Y., and Anna D. W., eldest daughter of C. C. Smith, Esq., of Kingston.

ROBINSON-SKINNER. On the 10th inst., by Rev. J. N. Hays, assisted by Rev. R. Gracey Fargeson, Dr. T. C. Robinson, of Manordale, Westmoreland county, Pa., and Miss Mollie J. Skinner, of Chambersburg.

TWELLS-THOMPSON. At the residence of the bride's father, in Tippecanoe county, Indiana, by the Rev. Mr. Couzle, Richard Twells, of Logansport, Ind., and Mattie B., daughter of Dr. J. K. Thompson, of Tippecanoe county.

WILLARD-DAVIS. November 3d, at Sewickley, Pa., by Rev. J. B. Bittinger, Dr. L. H. Willard, of Allegheny city, and Rebecca B., daughter of Robert H. Davis, Esq.

BOARDMAN-OSBORN. On the 10th of November, 1870, in St. Paul's Church, Greensboro, Ala., by the Rev. R. H. Cobbs, Mr. Henry Boardman and Miss Martha Caroline, eldest daughter of T. C. Osborn, Md.

CASE-BLANE. November 8th, by Rev. J. G. Williamson, Nathan Case, M. D., of Asbury, Warren county, N. J., and Miss Mary W. Blane, youngest daughter of John Blane, M. D., of Perryville, Hunterdon county, New Jersey.

CLANCEY-HUTSINPILLER. At Gallipolis, O., Nov. 9, 1870, at the residence of the bride's father, Capt. John Hutsinpiller, by the Rev. F. S. Davis, D. W. Clancey, M. D., and Viola Hutsinpiller.

CORBIN-THOMPSON. At the residence of the bride's father, in Covington, La., October 27th, 1870, by the Rev. Levi Furlvance, Dr. J. H. Corbin, of Piqua, and Sam Thompson, of Covington.

DONALD-HOYT. At the residence of the bride's parents, on the 3d inst., by Rev. L. R. James, M. M. McDonald, M. D., of Syracuse, N. Y., and Lottie E. Hoyt, of Lafayette, N. Y.

GITTINGS-CLAXTON. In the Church of the Saviour, West Philadelphia, on the 17th inst., by the Rev. H. Bethell Claxton, D. D. assisted by the Rev. J. W. Claxton, and by the Rt. Rev. W. B. Stevens, D. D., John Beale Howard Gittings, M. D., and Catharine Scott Claxton, daughter of the first named clergyman, all of this city.

GOLLOUGH-BLAKE. By Rev. N. C. Helfrich, on Oct. 27th, at the residence of the bride's father, Dr. James Golloghy, of Zanesville, O., and Mary C. Blake, of New Concord, O.

HILKEY-BEST. On the 8th inst., at the residence of the bride's parents, by the Rev. W. W. Ramsay, Christian Hilkey, M. D., of Zimmerman, Greene county, O., and Emma, daughter of Henry Best, Esq., of Dayton, O.

KNOX-MALLORY. At Hamilton, Ohio, on November 2d, in the M. E. Church, by the Rev. Wm. J. Fee, assisted by the Rev. D. J. Starr, Dr. J. T. Knox and Imogene A. Mallory, daughter of Dr. Mallory, of Hamilton.

LYON-NORDQUIST. November 16th, at Tuckahoe, Westchester county, N. Y., at the residence of the bride's father, by Rev. A. M. Ives, John B. Lyon, of Eastchester, and S. Louise Nordquist, eldest daughter of Charles J. Nordquist, M. D.

MERCER-HULST. In Brooklyn, November 17, at the Reformed Church, Broadway, by the Rev. George D. Hulst, S. D. Mercer, M. D., of Omaha, and Lizzie C., daughter of the late Garret Hulst, of Alexandria, Va.

DIED.

BARNES.—In Southington, Conn., Nov. 12th, Julius S. Barnes, M. D., aged 79 years.

CURTIS.—In this city, on the 15th inst., Susan Elizabeth, wife of Levi Curtis, M. D.

WALLACE.—Suddenly, at Reading, Pa., on the 15th inst., Lydia, daughter of Dr. Edward and Olivia Wallace.